

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33717**
Registrar's No. **8702**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Ray
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 81
(c) City or town Ray 2 NR
(If outside city or town limits, write "RURAL")
(d) Street No. 403 Park Street 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1941 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10-24-41
1941 to 10-31 1941;

that I last saw him alive on 10-31 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death LEFT FRONTAL Duration _____
LOBE TUMOR, MALIGNANT

Brain tumor, malignant

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Bradley (M. D. or Father) 10

Address BARNES HOSPITAL Date signed 11-1-41

3. (a) PRINT FULL NAME Roy Jesse Bowman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Bowman 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 10 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Ray, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Central Repair Man

11. Industry or business U.S. Govt.

12. Name Unknown Bowman

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Annie Boatright

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Bowman

(b) Address Ray, Mo.

17. (a) Removal (b) Date thereof 11-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ray, Mo.

18. (a) Signature of funeral director Albert W. Hoppel

(b) Address 4700 Washington St.

19. (a) NOV 2 1941 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 18 1971

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Robert E. Nappo*

Licensed Embalmer No. *1861*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.